



OHIO DEPARTMENT OF PUBLIC SAFETY  
**OHIO HOMELAND SECURITY – PI/SG**

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[http://www.homelandsecurity.ohio.gov/ohs\\_pisg.stm](http://www.homelandsecurity.ohio.gov/ohs_pisg.stm)

**PI/SG**

**MULTIPLE CHANGE APPLICATION**

- This form is interactive. You may, before printing it, type your responses directly onto the form. Otherwise, the form must be typewritten or printed legibly with black ink.
- Incomplete applications and applications that are filled out improperly will be returned for correction.
- A check or money order for any fees, made payable to Ohio Treasurer Kevin L. Boyce, **must** be remitted with this form.

**Cash is not accepted.**

PURPOSE FOR APPLICATION (check all that apply)					
<input type="checkbox"/> <b>LOST, DAMAGED OR STOLEN LICENSE</b> – Complete sections 1, 2 and 3 below. Submit notarized letter of explanation. <b>\$25.00 FEE REQUIRED</b>					
<input type="checkbox"/> <b>ADD OR CHANGE DBA (Doing Business As)</b> – Complete sections 1-4 below. Submit license, pocket ID card, and a copy of certification from the Ohio Secretary of State affirming that the D.B.A. id registered with that office. <b>NO FEE</b>					
<input type="checkbox"/> <b>CHANGE OF BUSINESS OR BRANCH OFFICE MAILING ADDRESS</b> - Complete sections 1, 2, 3 and 5 below. Submit wall license and pocket ID card. <b>NO FEE</b>					
SECTION 1 LICENSE NUMBER*		SECTION 2 DISPOSITION OF LICENSE			
		<input type="checkbox"/> ORIGINAL LICENSE ENCLOSED WITH APPLICATION <input type="checkbox"/> ORIGINAL LICENSE LOST, DAMAGED, OR OTHERWISE UNAVAILABLE TO RETURN			
SECTION 3 CURRENT INFORMATION	CURRENT BUSINESS NAME (Full name if sole proprietor)			LICENSE #	
	CURRENT DOING BUSINESS AS NAME (D.B.A.)				
	CURRENT ADDRESS			BUSINESS PHONE ( ) -	
	CITY	STATE	ZIP CODE	COUNTY	
CHANGE INFORMATION					
SECTION 4 NEW D.B.A.	NEW DOING BUSINESS AS NAME (D.B.A.)				
SECTION 5 NEW BUSINESS OR BRANCH ADDRESS	NEW ADDRESS			BUSINESS PHONE ( ) -	
	CITY	STATE	ZIP CODE	COUNTY	
SECTION 6 MAILING ADDRESS	ADDRESS TO DISPLAY TO PUBLIC <input type="checkbox"/> PHYSICAL <input type="checkbox"/> MAILING				

**X**

\_\_\_\_\_  
 SIGNATURE OF SOLE PROPRIETOR / QUALIFYING AGENT

\_\_\_\_\_  
 DATE

**\* Very important. The application cannot be processed without this information.**

**NOTICE:** Evidence that payment has been refused by the drawer's bank upon a check drawn to the order of Ohio Treasurer Kevin L. Boyce, shall constitute prima facie evidence of misconduct and shall constitute a violation of section 4749.13 of the Revised Code.